

**MEMORIAL RESOLUTIONS  
ADOPTED UNANIMOUSLY**

**Michael J. Davidson, MD  
Introduced by the American College of Cardiology**

Whereas, Michael J. Davidson, MD was an innovative cardiac surgeon and director of endovascular cardiac surgery at Brigham and Women's Hospital; and

Whereas, Dr. Davidson earned his MD degree from Yale University in 1996 and completed his surgical residency as well as his cardiac surgical fellowship and endovascular interventional training at Duke University and Brigham and Women's Hospital; and

Whereas, Dr. Davidson was one of only a handful of cardiac surgeons trained in endovascular approaches to complex structural heart disease procedures; and

Whereas, Dr. Davidson was a visionary who orchestrated many of Brigham and Women's Hospital's first ever complex structural heart procedures including the first "valve-in-valve" tricuspid valve replacement; and

Whereas, Dr. Davidson was instrumental in creating Brigham and Women's Hospital's first hybrid operating room suite which allowed for complex procedures to be performed by a team of surgeons and interventional cardiologists; and

Whereas, Dr. Davidson was a talented surgeon willing to operate on the sickest and most frail patients; and

Whereas, Dr. Davidson was an incredible mentor and teacher to the surgical and interventional cardiology residents and fellows at Brigham and Women's Hospital; and

Whereas, Dr. Davidson was a compassionate and empathetic physician attentive to every need of his patients and their families; and

Whereas, Dr. Davidson even spent the last moments of his life trying to calm a distraught patient's family member; and

Whereas, Dr. Davidson had his life taken from him at the age of 44 while at work in the hospital serving his patients on January 20, 2015; therefore be it

RESOLVED, That our American Medical Association recognize the life-long service of Doctor Michael J. Davidson to his community, his patients, and his profession and convey this resolution and its deepest sympathy to the family of Doctor Michael J. Davidson.

**Irwin Schatz, MD  
Introduced by the American College of Cardiology and Hawaii Medical Association**

Whereas, Irwin Schatz MD, FACC was the highly regarded chairman of medicine and professor at the John A. Burns School of Medicine in Honolulu, HI; and

Whereas, Dr. Schatz earned undergraduate and medical degrees from the University of Manitoba, subsequently training at the Henry Ford Hospital in Detroit and the Mayo Clinic in Rochester; and

Whereas, In 1965, just four years after graduating from medical school, Dr. Schatz bravely wrote a letter of concern to the US Public Health Service and the editor of the Archives of Internal Medicine regarding publication of an article in the December 1964 issue of the Archives describing a syphilis experiment using uneducated black men in Tuskegee, AL; and

Whereas, Dr. Schatz stood virtually alone in his protest in 1964: “I couldn’t believe what I had read. But the message was unmistakable. These researchers had deliberately withheld treatment for this group of poor, uneducated, black sharecroppers in order to document what eventually might happen to them. I became incensed. How could physicians, who were trained first and foremost to do no harm, deliberately withhold curative treatment so they could understand the natural history of syphilis;” and

Whereas, Neither the US Public Health Service, nor the authors of this paper or the Editors of the Archives of Internal Medicine ever responded to Dr. Schatz’ letter; and

Whereas, Our American Medical Association encourages all physicians to personally confront establishment authorities engaged in unethical practices as exhibited by Dr. Schatz’ actions as a young physician; and

Whereas, Our AMA celebrates the spirit of uncompromising service to patients exemplified by Dr. Schatz during his long career in medicine; therefore be it

RESOLVED, That our American Medical Association convey this resolution and its deepest sympathy to the family of Doctor Irwin Schatz.

**RESOLUTIONS**

Note: Testimony on each item is summarized in the reference committee reports. Items considered on the reaffirmation calendar do not appear in the reference committee reports and were handled as part of the Committee on Rules and Credentials Supplementary Report on Sunday, June 7. The following resolutions were handled on the reaffirmation calendar: 102, 104, 109, 113, 118, 123, 205, 206, 209, 212, 217, 220, 226, 403, 405, 410, 411, 415, 418, 422, 509, 518, 520, 521, 701, 703 and 706.

**1. RULES FOR AMA ELECTIONS**

**Introduced by Andrew W. Gurman, MD, Delegate, Pennsylvania; and Susan R. Bailey, MD, Delegate, Texas**

*Reference committee hearing: see report of [Reference Committee on Amendments to Constitution and Bylaws](#).*

**HOUSE ACTION: ADOPTED AS FOLLOWS**

*See Policy G-610.020*

RESOLVED, That Policy G-610.020 be amended by addition and deletion to read as follows:

(1) The Speaker and Vice Speaker of the House of Delegates are responsible for overall administration of our AMA elections, although balloting is conducted under the supervision of the chief teller and the Committee on Rules and Credentials. The Speaker and Vice Speaker will advise candidates on allowable activities and when appropriate will ensure that clarification of these rules is provided to all known candidates. The Speaker, in consultation with the Vice Speaker, is responsible for declaring a violation of the rules;

(2) Individuals intending to seek election at the next Annual Meeting should make their intentions known to the Speakers, generally by providing the Speaker's office with an electronic announcement "card" that includes any or all of the following elements and no more: the candidate's name, photograph, email address, URL, the office sought and a list of endorsing societies. The Speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume) will not be posted to the website. Printed announcements may not be distributed in the venue where the House of Delegates meets. The Speakers may use additional means to make delegates aware of those members intending to seek election;

(3)(4) Active campaigning for AMA elective office may not begin until the Board of Trustees, after its April meeting, announces the nominees for council seats. Active campaigning includes mass outreach activities directed to all or a significant portion of the members of the House of Delegates and communicated by or on behalf of the candidate. If in the judgment of the Speaker of the House of Delegates circumstances warrant an earlier date by which campaigns may formally begin, the Speaker shall communicate the earlier date to all known candidates;

(4)(2) An Election Manual ~~campaign manual~~ containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the Web pages associated with the meeting at which elections will occur, and distributed; The Election Manual provides an equal opportunity for each candidate to present the material he or she considers important to bring before the members of the House of Delegates and should relieve the need for the additional expenditures incurred in making non-scheduled telephone calls and duplicative mailings. The Election Manual serves as a mechanism to reduce the number of telephone calls, mailings and other messages members of the House of Delegates receive from or on behalf of candidates;

(3) ~~Campaign expenditures and activities should be limited to prudent and reasonable levels necessary for adequate candidate exposure to the delegates. The Speaker of the House should meet with all announced candidates and campaign managers at each meeting of the House of Delegates to agree on general campaign procedures;~~

(5) A reduction in the volume of telephone calls from candidates, and literature and letters by or on behalf of candidates is encouraged. The use of electronic messages to contact electors should be minimized, and if used must allow recipients to opt out of receiving future messages;

**422. FDA TOBACCO DEEMING RULE**  
**Introduced by American Thoracic Society**

*Considered on reaffirmation calendar.*

**HOUSE ACTION: POLICIES H-495.973, H-495.978 AND H-495.988 REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association reaffirm our strong policy supporting the Food and Drug Administration's (FDA) authority to regulate all tobacco products; and be it further

RESOLVED, That our AMA send a letter to the FDA and to the Administration urging swift adoption of a final rule deeming the Food and Drug Administration's authority over all tobacco products.

**423. SUPPORT OF PROTECTIVE HEADGEAR (HELMETS) IN THE**  
**SPORT OF GIRLS'/WOMEN'S LACROSSE**  
**Introduced by New York**

*Reference committee hearing: see report of [Reference Committee D](#).*

**HOUSE ACTION: ADOPTED WITH CHANGE IN TITLE**  
*See Policy H-470.955*

RESOLVED, That our American Medical Association support requiring approved protective headgear for all athletes participating in the sport of girls'/women's lacrosse.

**424. CHILD-PROOF PACKAGES FOR E-CIGARETTE LIQUID REFILLS**  
**Introduced by New York**

Resolution 424 considered with Resolution 421. See Resolution [421](#).

RESOLVED, That our American Medical Association support regulations and/or legislation to have the Food and Drug Administration require that liquid nicotine be only available in child-resistant packages; and be it further

RESOLVED, That our AMA work toward achieving that the sale of nicotine come with appropriate warnings of the dangers of nicotine and instructions on its safe storage; and be it further

RESOLVED, That our AMA work toward a prohibition in the United States on the sale and distribution of liquid nicotine to anyone under the age of 21.

**425. BAN ON POWDERED ALCOHOL DISTRIBUTION AND SALE**  
**Introduced by Maryland**

*Reference committee hearing: see report of [Reference Committee D](#).*

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association adopt policy urging the ban of the distribution and sale of powdered alcohol; and be it further

RESOLVED, That our AMA lobby Congress and the Administration to ban by law or regulation the distribution and sale of powdered alcohol in the US.

REPORTS OF REFERENCE COMMITTEES OF THE AMERICAN MEDICAL ASSOCIATION  
HOUSE OF DELEGATES 2015 ANNUAL MEETING

REPORT OF REFERENCE COMMITTEE ON AMENDMENTS TO CONSTITUTION AND BYLAWS

- (1) BOARD OF TRUSTEES REPORT 2 - NEW SPECIALTY ORGANIZATIONS  
REPRESENTATION IN THE HOUSE OF DELEGATES

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 2 be adopted and the remainder of the report be filed.

**HOD ACTION: Board of Trustees Report 2 adopted and the remainder of the report filed.**

Board of Trustees Report 2 recommends that the American Association for Geriatric Psychiatry and the American Society of Breast Surgeons be granted representation in our AMA House of Delegates.

All testimony provided was in favor of this report. Testimony from multiple delegations thanked the committee, and looked forward to participation in the House of Delegates. Your Reference Committee recommends that Board of Trustees Report 2 be adopted.

- (2) BOARD OF TRUSTEES REPORT 13 - METHODS TO INCREASE US  
ORGAN DONOR POOL

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 13 be adopted and the remainder of the report be filed.

**HOD ACTION: Board of Trustees Report 13 adopted and the remainder of the report filed.**

Board of Trustees Report 13 responds to Resolution 1-A-14 which asked our American Medical Association to study potential models for increasing the United States organ donor pool. In order to encourage increased levels of organ donation in the United States, this report recommends that our AMA should (1) support studies that evaluate the effectiveness of mandated choice and presumed consent models for increasing organ donation; (2) urge development of effective methods for meaningful exchange of information to educate the public and support well-informed consent about donating organs; and (3) encourage the continued study of ways to enhance the allocation of donated organs and tissues.

All testimony provided was in favor of this report. Most of the testimony spoke highly of the report, expressly calling it admirable. In particular, testimony supported the report because it will benefit ethnic minorities who often face barriers to care and higher rates of diseases. Additional testimony touched on personal experiences with transplants, further highlighting the importance of this report. Your Reference Committee recommends that Board of Trustees Report 13 be adopted.

- (3) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 1 -  
REPRESENTATIVES TO RFS ASSEMBLY MEETINGS: AMENDED  
BYLAWS

RECOMMENDATION:

## REPORT OF REFERENCE COMMITTEE D

- (1) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 1 - CSAPH  
SUNSET REVIEW OF 2005 HOUSE POLICIES

## RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that the recommendations in Council on Science and Public Health Report 1 be adopted and the remainder of the report be filed.

**HOD ACTION: Recommendations in Council on Science and Public Health Report 1 adopted and the remainder of the report filed.**

In this report, the Council on Science and Public Health (CSAPH) presents its recommendations on the disposition of the House policies from 2005 that were assigned to it. The CSAPH's recommendations on policies are presented in the Appendix to this report. The CSAPH recommends that the policies of the House of Delegates that are listed in the Appendix to this report be acted upon in the manner indicated in the Appendix.

Your Reference Committee heard no testimony regarding CSAPH Report 1 and is confident in the decisions made by the CSAPH. Your Reference Committee therefore recommends adoption of CSAPH Report 1.

- (2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 2 - BAN ON  
SUPER MAGNETIC TOYS AS A CHOKING HAZARD AND  
GASTROINTESTINAL HAZARD TO CHILDREN

## RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that the recommendation in Council on Science and Public Health Report 2 be adopted and that the remainder of the report be filed.

**HOD ACTION: Recommendations in Council on Science and Public Health Report 2 adopted and the remainder of the report filed.**

Resolution 411-A-14 introduced by American Medical Group Association and referred by the House of Delegates asked:

That our American Medical Association (AMA) work with the Consumer Product Safety Commission (CPSC) and other relevant governmental agencies to prohibit the sale of neodymium magnetic balls whose flux, or magnetic, strength index is greater than 50 and also who fail the CPSC's cylinder tests for choking hazards.

The recommendation reads that given the Resolve in Resolution 411-A-14 has been accomplished, the CSAPH recommends that Resolution 411-A-14 not be adopted and the remainder of the report filed.

Your Reference Committee heard no testimony regarding this report and is confident in the recommendations from the CSAPH. The Consumer Product Safety Commission issued a rule last year on this very issue, thereby accomplishing the resolve. Therefore, your Reference Committee recommends that the recommendations in CSAPH 2 be adopted.

- (3) RESOLUTION 423 - SUPPORT OF MANDATORY PROTECTIVE  
HEADGEAR (HELMETS) IN THE SPORT OF GIRLS/WOMEN'S  
LACROSSE

## RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Resolution 423 be adopted with a change in title.

## RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that the title of Resolution 423 be changed to read as follows:

SUPPORT OF PROTECTIVE HEADGEAR (HELMETS) IN THE SPORT OF  
GIRLS'/WOMEN'S LACROSSE

**HOD ACTION: Resolution 423 adopted with a change in title.**

Resolution 423 asks that our AMA support requiring approved protective headgear for all athletes participating in the sport of girls'/women's lacrosse.

Your Reference Committee received significant favorable testimony on the need for players, regardless of gender, to wear approved, protective headgear to prevent concussions. The resolution stimulated debate on whether evidence conclusively demonstrates that helmet use prevents concussions. Some testimony asked for referral. Your Chair noted that US Lacrosse, a national governing body, submitted a letter for testimony requesting that our AMA defer passage of Resolution 423 until it can be amended to consider the changes in women's lacrosse headgear standard development. US Lacrosse, NCAA and the NFHS are currently working to determine the appropriate rule language and an implementation timetable. Your Reference Committee recognizes the concerns presented by testimony. However, given that overwhelming testimony was favorable to requiring appropriate headgear for all lacrosse athletes, your Reference Committee recommends adoption and suggests the title be changed, keeping in line with the language in the resolve.

(4) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 3 -  
CONCUSSION AND YOUTH SPORTS

## RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Recommendation 1 of CSAPH Report 3 be amended by addition and deletion to read as follows:

- (1) Our AMA promotes the adoption of requirements that athletes participating in school or other organized youth sports and who are suspected by a coach, trainer, administrator, or other individual responsible for the health and well-being of athletes of having sustained a concussion be removed immediately from the activity in which they are engaged and not return to competitive play, practice, or other physical sports-related activity without the written approval of a licensed physician (MD or DO) or a designated member of the physician-led care team licensed health care professional, whose scope of practice includes being who has been properly trained in the evaluation and management of concussion. When evaluating individuals for return-to-play, physicians (MD or DO) and health care professionals or the designated member of the physician-led care team should be mindful of the potential for other occult injuries.
- (2) Our AMA encourages physicians to: (a) assess the developmental readiness and medical suitability of children and adolescents to participate in organized sports and assist in matching a child's physical, social, and cognitive maturity with appropriate sports activities; (b) counsel young patients and their parents or caregivers about the risks and potential consequences of sports-related injuries, including concussion and recurrent concussions; ~~and~~ (c) assist in state and local efforts to evaluate, implement, and promote measures to prevent or reduce the consequences of concussions, repetitive head impacts, and other injuries in youth sports; and (d) support preseason testing to collect baseline data for each individual.

## RECOMMENDATION B: